

# The Monday Morning Workload Report

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### Summary

The Monday Morning Workload Report (MMWR) display a snapshot of the Veterans Benefits Administration's (VBA) workload as of a specified date, typically the previous Saturday\*. In the event of a Monday holiday, the report will be posted on Tuesday. The report is prepared in Microsoft Excel and includes eight report worksheets plus a legend:

- Transformation tab: Displays national totals for pending compensation, pension, and education workload. Workload is monitored and controlled by the use of end products (EPs), which are also shown on this tab.
- Rating Bundle - SOJ: Displays national, district, and regional office-level data for Rating Bundle claims by Station of Jurisdiction. The Station of Jurisdiction represents pending claims at the regional office currently assigned to work the claim. This tab also includes Accuracy data for Compensation and Pension Special Missions.
- Rating Bundle - SOO: Displays national, district, and regional office-level data for Rating Bundle claims by Station of Origination. The Station of Origination (SOO) primarily represents pending claims based on geographic boundaries.
- Rating Bundle Measures – State: Displays national, district and state level data for Rating Bundle claims by the claimant address associated with that claim.
- Rating Bundle – SOJ - NWQ: Displays national, NWQ, district, regional office-level data for Rating Bundle claims by Station of Jurisdiction. The Station of Jurisdiction represents pending claims at the regional office currently assigned to work the claim. In addition to Claim Metrics, pending Life Cycle metrics are displayed.
- Rating Bundle – NWQ - State: Displays national, NWQ, district and state level data for Rating Bundle claims by the claimant address associated with that claim. In addition to Claim Metrics, pending Life Cycle metrics are displayed.
- The Traditional Aggregate tabs: Displays national, district, and regional office or state level data for different groups of claims, including non-Rating Bundle, entitlement bundle, award adjustments bundle, program review bundle, other bundle, burial claims, accrued claims and appeals. The regional office reported on traditional aggregate tabs is based on Station of Origination. Because these claim groupings are different from VBA's Rating Bundle of claims, this worksheet should not be directly compared to other worksheets in the Monday Morning Workload Report. Brokering, or claims processing assistance from other regional offices, is not incorporated in this report.

- Traditional Aggregate (TA): National level data on claim and appeal inventories by end product.
- TA-Regional Office: Regional office level data on claim and appeal inventories by traditional aggregate groups.
- Diarys and Future Claims: National level data on the future volume of work VA is aware of

\*The accuracy data is updated on a monthly basis. The Issue-Based Accuracy and claim-level accuracy is based on a two week lag in reporting. See the Frequently Asked Questions section for more information on accuracy reporting period.

## Evolution of the Monday Morning Workload Report

This report has evolved over time, with five major modifications:

- On October 5, 2009, significantly redesigned to provide increased transparency
- On April 29, 2013, additional features such as Rating Bundle timeliness, accuracy, and a clear depiction of Rating Bundle claims (orange highlights) added to emphasize VBA's core workload-performance indicators.
- On July 1, 2013, removal of Compensation and Pension Entitlement top line on the Transformation tab at the recommendation of external stakeholders.
- On October 21, 2013, enhanced to include seven new Rating Bundle metrics (three quality based, four performance based), increased reporting on VBA's Pre-Discharge Processing, Quick Start and Benefits Delivery at Discharge, and non-rating claim timeliness. The report now allows individuals to track metrics found on VBA's ASPIRE Dashboard on a weekly basis.
- On January 13, 2014, substantially re-designed to include metrics by Station of Jurisdiction (e.g. who is actually working/or worked the claim). Additional changes include the following:
  - Historical bundles from the Transformation tab relocated to the top of the Traditional Aggregate tab.
  - Education claims processing data relocated from Traditional Aggregate tab to Transformation tab.
  - Creation of a Rating Bundle data table on the Transformation tab
  - Creation of "Original" and "Supplemental" Rating Bundle totals.
  - Inclusion of hyperlinks on Transformation page to quickly view Station of Origination or Station of Jurisdiction claims processing metrics.
- On February 20, 2014, several modifications to include:
  - Non-rating inventory on Traditional Aggregate tab.
  - Hover features on the Traditional Aggregate tab next to each bundle name that allows customers to view the end products associated with each claim bundle.
  - Updated VBA Special Mission processing data tables (Rating Bundle Measures – SOO and Rating Bundle Measures – SOJ) to include an "Other" row that shows Special Mission claims processing activities outside of the specialized processing centers.
- On July 28, 2014 a modification of the Traditional Aggregate tab data:
  - Previously, the inventory and backlog counts for "EP 135 - Hospitalization adjustment (non-rating)" under "Award Adjustments" (cells G25 and H25) matched the same EP count for "Pension Award Adjustments" (cells M12 and N12). This was incorrect. EP 135 claims that have a regional office station of origination with a Pension Management Center (Philadelphia, Milwaukee, and St. Paul) or PMC should be counted under the "Pension Award Adjustments" EP 135 while all other EP 135 claims should be counted under the other "Award Adjustments." Instead, the EP 135 Hospitalization adjustment claims pending at the PMC stations were not displaying properly and were not counted in the total for that category. Those claims were being properly counted in all other sections and totals. The modification adjusted all reports from the January 13, 2014 redesign forward. Reports before that date reported the Pension EP 135s correctly on the "Transformation" tab.

For example: before the adjustment the June 2, 2014 MMWR showed 216 and 158 in cells G25 - H25 and M12 - M13. Now M12 and M13 for that date show 847 and 78. This is a typical example of the scale of the adjustments made to previous reports.

- On July 28, 2014, an addition to the "Traditional Aggregate" tab formatting:
  - Arrows were added to indicate end products that are included in the Rating Bundle.

- On August 11, 2014 “EP 967 - Correction of errors” claims were added to the “Pension Other” section to more accurately reflect the composition of this group as pension utilizes this end product.
- On June 22, 2015 several additions and minor changes were enacted:
  - Addition of state level data: Data was added in the form of a new Rating Bundle Measures tab reporting based on the address associated with the claim.
  - Addition of “Margin of Error” to Rating Bundle accuracy data: Margin of error is a statistical figure calculated using the number of cases reviewed at a station and their total production.
  - Move of accuracy data from Rating Bundle Measures SOO tab to the SOJ tab: Accuracy is calculated by sampling completed claims from the station of jurisdiction where the work is done instead of the station of origination where the work is originally received. For more information on Accuracy changes in the MMWR see the “Rating Bundle Measure Worksheets” section below.
  - Change from a system of grouping regional offices and states by four areas to grouping by five districts: Part of the MyVA transformation is to align all VA services under the same national geographic boundaries. No regional office data was adjusted under this change – only their groupings.
  - Metric label adjustment: For clarity, labels in the education data and appeals data sections were adjusted. The data did not change.
  - Formatting changes: The format of appeals data on the national traditional aggregate tab was changed to better represent the number of appeals and the average number of days awaiting in each stage of the appeals process. The regional office traditional aggregate data was moved to a separate tab.
- On September 14, 2015, accuracy figures were moved from “USA total” row to “USA VSC total” row for clarity. See FAQ for more information
- On September 7, 2016, the MMWR introduced two new worksheets that display the distribution and lifecycle status of claims in VBA’s National Work Queue (NWQ). During fiscal year 2016, VBA began electronically distributing rating disability claims, across the nation, to Regional Offices with the most available capacity through a national work queue. VBA historically processed claims based on a Veteran’s geographic residence (e.g. an Illinois Veteran’s claim was typically processed at the Chicago Regional Office). The Life Cycle metrics displayed on Rating Bundle – State- NWQ worksheet are defined on the MMWR Legends tab.
  - **Interpreting Data on Rating Bundle – State- NWQ worksheet:** If a user would like to view the distribution of claims for Vermont Veterans, the user should select ‘North Atlantic’ from the District Selector, and navigate to Vermont at the bottom of the worksheet, where there will be four categories.
    - **Vermont Total:** The total number of rating disability claims pending for Vermont Veterans
    - **White River RO:** The total number of rating disability claims pending, for Vermont Veterans, that are assigned to the White River Junction RO
    - **Vermont- Other RO:** The total number of rating disability claims pending, for Vermont Veterans, that are assigned to a VBA Regional Office other than White River Junction RO
    - **Vermont NWQ:** The total number of rating disability claims pending, for Vermont Veterans, which are assigned to the National Work Queue. This typically represents claims that are not actionable at the time the data is run.
  - In addition to NWQ metrics, a new metric was introduced on the Traditional Aggregate tab, “Number of IDES Claims Pending”. This metric represents the total number of

claims under control of the joint DoD/VBA Integrated Disability Evaluation System program.

- On September 25, 2018, several changes were implemented to the report
  - Nehmer end-products (405, 409, 687) have been moved to the Compensation Other group and their use cases updated accordingly. These are reserved end-products for future use in the Rating Bundle. No change to end-product 681.
  - EP 173 has been removed from the compensation entitlement column in the traditional aggregate worksheet because it is an appeal related end-product.
  - RAMP end-products (682/683) were added to the appeals column in the traditional aggregate worksheet, and non-RAMP EP 682s remain in the program review section.
  - Statement of the Case counts have been incorporated to the appeals column in the traditional aggregate worksheet.
- On February 2, 2019, the Excel report was updated to use the 4 new District/Regional Office alignments
- On February 11, 2019, the Excel report and this summary document were updated to clarify that Rating Bundle claims do not include all claims with rating decisions and Not-Rating claims can include a rating decision.
- On August 12, 2019, the Excel report was updated to reflect EP 040s and EP 335 in the Rating Bundle. EP 030s (higher-level reviews) were also added under the Appeals section. A 'Diary's and Future Claims' tab was also created to show the volume of future work that VA is aware of.
- On July 27, 2020, EP 030s (higher-level reviews) were broken out from the Appeals counts and included under a separate DROC-AMA section. 'Appeals' labels were changed to state 'Legacy Appeals'. Certain EP 040s were also included under the DROC-AMA workload section and broken out from the 'Entitlements' section.
- On April 5, 2021, completions from station of jurisdiction (SOJ) 699 (Automation Station) were broken out and included under the "Other" district.
- On June 21st, 2021, EP 688s were added to the Traditional Rating Bundle to track the three new presumptive conditions to Agent Orange (Bladder Cancer, Hypothyroidism, and Parkinsonism).
- On August 16<sup>th</sup>, 2021, added the following clarification regarding EP 687's and 688's:
  - VBA currently uses End Product (EP) 687, Nehmer Agent Orange Presumptive, to identify and re-adjudicate claims implicated in the November 5, 2020, Nehmer court order for any herbicide-exposure condition that was denied compensation because the Veteran did not set foot on the landmass of Vietnam or serve in the inland waterways of Vietnam (excluding the three new conditions - bladder cancer, hypothyroidism, and Parkinsonism)
  - VA currently uses EP 688, National Defense Authorization Act (NDAA) Nehmer Agent Orange Reviews, to track and manage any claim for the three new herbicide-exposure conditions (bladder cancer, hypothyroidism, and Parkinsonism.) that requires Nehmer processing.

## **Types of Workload in the Report**

Compensation and pension workload is comprised of the following groups of claims:

- Rating Bundle: Claims for disability compensation, dependency and indemnity compensation, and Veterans' pension benefits, including both original and supplemental claims. Rating Bundle claims normally require a rating decision during processing. VA's goal of eliminating the backlog in 2015 is specific to the Rating Bundle.
- Not-Rating: Claims for disability compensation, dependency and indemnity compensation, and Veterans' pension benefits, which can but normally do not require a rating decision (i.e. claim

to add dependent to award).

- Entitlement: Claims from the Rating Bundle as well as other claims to determine eligibility for VA medical treatment and other VA benefits.
- Award Adjustment: Claims that involve modification of benefits based upon additional ancillary factors.
- Program Review: Work based on internal controls to audit, review, and ensure benefits and entitlements are properly decided in accordance with laws and regulations.
- Other: Work that has no effect on entitlement but may require a rating decision that effects monetary benefits
- Burial: Claims associated with burial benefits.
- Accrued: Claims related to benefits not paid prior to the death of a Veteran or survivor based upon a claim granted after the applicant's death.
- Appeals: Claims based on a beneficiary's disagreement with a VBA decision.
- IDES: Claims under control of the joint DoD/VBA Integrated Disability Evaluation System program.

#### Compensation and Pension Metrics

- # Pending: The number of Rating Bundle claims pending at the end of the reporting period.
- # Pending Over 125 (Backlog): The number of Rating Bundle claims that are pending more than 125 days at the end of a reporting period.
- Percentage Pending > 125 days: The percent of Rating Bundle claims that are pending more than 125 days at the end of a reporting period. This is calculated by dividing the number of claims pending over 125 days by the total number of claims pending.

#### Education Metrics

The MMWR Report includes data on all VA education programs, including the Post-9/11 GI Bill. Education claims are processed at four regional processing offices in Atlanta, Buffalo, Muskogee, and St. Louis. The following metrics are included in the MMWR Report for education claims:

- Claims Pending on current week: The number of claims and other work actions pending as of the end of the reporting period
- Claims Pending on prior week: The number of claims and other work actions pending as of the end of the prior reporting period
- Weekly Change: The difference between the number of claims/work actions pending for the current reporting period and the previous reporting period
- Percent Change: The percent which current number of claims/work actions pending increased or decreased from the previous reporting period

## **Rating Bundle Measure Worksheets**

- **# Pending:** The number of Rating Bundle claims pending at the end of the reporting period
- **# Pending > 125 Days (Backlog):** The number of Rating Bundle claims that are pending more than 125 days at the end of a reporting period.
- **% Pending > 125 days (Backlog):** The percent of Rating Bundle claims that are pending more than 125 days at the end of a reporting period. This is calculated by dividing the number of claims pending over 125 days by the total number of claims pending. This number represents the number of claims “backlogged.”
- **ADP:** The average number of days from the date a claim is received through the current reporting period for all currently pending claims. It is calculated by dividing the total number of days pending by the total number of pending claims.
- **# Completed MTD:** The number of Rating Bundle claims completed month to date. (1<sup>st</sup> of current month through file date of the report).
- **ADC MTD:** The average number of days to complete Rating Bundle claims month to date. This is calculated by dividing the total number of days to complete by the total number of claims completed month to date.
- **# Completed FYTD:** The number of Rating Bundle claims completed fiscal year to date. (1<sup>st</sup> of current fiscal year (October 1<sup>st</sup>) through file date of the report).
- **ADC FYTD:** The average number of days to complete Rating Bundle claims fiscal year to date. This is calculated by dividing the total number of days to complete by the total number of claims completed fiscal year to date.
- **Accuracy: Rating 3 Month Issue:** Claims processing accuracy for compensation medical issues adjudicated over a three-month rolling average.
- **Accuracy: Rating 3 Month Claim:** Claims processing accuracy for compensation claims over a three-month rolling average.
- **Accuracy: Rating 12 Month:** Claims processing accuracy for compensation claims over a 12-month rolling average.
- **Accuracy: Authorization 12 Month:** Claims processing accuracy for compensation non-rating claims over a 12-month rolling average.
- **Accuracy: Margin of error:** The variance, or margin of error, around the accuracy reported is designed to be no more than plus or minus 5 percent.

**Please see this document regarding how VBA calculates accuracy:**

[VBA accuracy sampling methodology](#)



## NWQ (National Work Queue) Worksheets

Life Cycle metrics and NWQ pending metrics were added for Rating Bundle claims for both SOJ and State views.

### Claim Metrics

- # Pending: The number of Rating Bundle claims pending at the end of the reporting period
- # Pending > 125 Days (Backlog): The number of Rating Bundle claims that are pending more than 125 days at the end of a reporting period.
- % Pending > 125 days (Backlog): The percent of Rating Bundle claims that are pending more than 125 days at the end of a reporting period. This is calculated by dividing the number of claims pending over 125 days by the total number of claims pending. This number represents the number of claims “backlogged.”
- ADP: The average number of days from the date a claim is received through the current reporting period for all currently pending claims. It is calculated by dividing the total number of days pending by the total number of pending claims.

### Life Cycle Metrics

- Pending Development: Rating Bundle claims that are awaiting development initiation, which may involve gathering supporting evidence, medical exams, and military documentation.
- Pending Evidence: Rating Bundle claims that are in the process of gathering supporting evidence and possibly medical exams.
- Pending Decision: Rating Bundle claims that are awaiting an evidence review and decision by a rating specialist.
- Pending Award: Rating Bundle claims that are awaiting a first-level review of the evidence gathered and the decision.
- Pending Authorization: Rating Bundle claims that are awaiting a final review of all aspects of the claim, which results in a notification to the claimant on the outcome of their claim.

## Traditional Aggregate Worksheet

Considered as an alternative to the Rating Bundle aggregate, the Entitlement Bundle metrics are retained due to continued interest.

### Compensation and Pension Metrics

- Avg. Days Pending: The average number of days from the date a claim is received through the current reporting period for all currently pending claims. It is calculated by dividing the total number of days pending by the total number of pending claims.
- Claims Pending: The number of claims pending at the end of the reporting period.
- Pending Over 125 (Backlog): The number of claims that are pending more than 125 days at the end of a reporting period.
- Percentage Pending > 125 days (Backlog): The percent of claims that are pending more than 125 days at the end of a reporting period. This is calculated by dividing the number of claims pending over 125 days by the total number of claims pending.

### Appeals Metrics

The MMWR Report includes data on all pending VBA appeals workload. This includes work pending at Regional Offices (RO) and the Appeals Management Center (AMC). Report metrics include:

- Notice of Disagreements: The number of claims where the Veteran disagrees with the rating decision and submits a letter to the RO indicating his or her dissent.
- Average Days Pending for Notice of Disagreements: The average number of days pending NOD status.
- Form 9s: The number of claims where the Veteran formalized the case through submission of a Form 9 (begins the formal appeals process).
- Average Days Pending for Form 9s: The average number of days pending in Form 9 status.
- Remands Returned to the Regional Office: The number of appeals remanded to VBA from the Board of Veterans Appeals (BVA).
- Average Days Pending for Remands at a Regional Office: The average number of days pending remand status.
- Remands sent to the Appeals Management Center: The number of appeals remanded to AMC from BVA.
- Average Days Pending for Remands at the Appeals Management Center: The average number of days pending remand status.
- Ready for Travel Board: The inventory of remanded appeals that are being reviewed by VA's mobile Appellate Adjudication Team.
- Average Days Pending for Remands ready for the travel board: The average number of days pending remand status.
- Appeals in the "Statement of the case" status awaiting Veteran response: The number of pending appeals where an SOC was issued and VA is awaiting receipt of a Form 9 from the Veteran. These are not counted in the Total Number of Appeals Pending metric.

Additional information on VBA appeals can be found at the Board of Veterans Appeals website: <http://www.bva.va.gov/>

## Frequently Asked Questions (FAQ)

### **Why was the Entitlement Bundle removed from the report?**

VBA removed the Entitlement Bundle roll-up (an older, alternative view of VBA workload activity), at the national level, because we felt it was confusing readers. The Rating Bundle inventory has been and continues to be the standard measure for VBA's strategic 2015 targets.

The Entitlement Bundle claims are a set of claims in addition to the Rating Bundle. The claims formerly reported in the Entitlement bundle total are still available at the end product level on the Transformation tab. The end products that are part of the Entitlement Bundle, but not the Rating Bundle are:

- EP095 (Initial entitlement decisions for Vocational Rehabilitation and Employment)
- EP420 (Spina bifida and/or birth defects reconsideration)
- EP410 (Initial claims from children of Veterans with Spina bifida and/or birth defects)
- EP190 (Initial entitlement – Survivor's Pension)

One end product that is in the Rating Bundle but not the Entitlement Bundle is EP 310 (Future Exam for Disabilities).

Entitlement Bundle (Listed separately until 6/24/2013)	EP or Description	Rating Bundle (Continuously listed)
<b>Original Entitlement - Veterans<sup>1</sup></b>		
x	EP 095 - Initial entitlement decisions for Voc Rehab	
x	EP 010 - Initial entitlement for service-connected disability (>=8)	x
x	EP 110 - Initial entitlement for service-connected disability (<=7)	x
<b>Original Entitlement - Survivors<sup>2</sup></b>		
x	EP 140 - Initial claims from surviving spouses, children or parents	x
x	EP 410 - Initial claims from children Veterans with Spina bifida and/or birth defects	
<b>Supplemental Entitlement</b>		
x	EP 020 - Increased evaluation and/or additional claimed conditions	x
x	EP 320 - Increased entitlement due to hospitalization or surgery	x
x	EP 420 - Spina bifida and/or birth defects reconsideration	
x	EP 681 - Reopened or new Agent Orange claims prior to 8/30/10	x
x	EP 687 - Nehmer review cases based upon new Agent Orange presumptives	x
x	EP 405 - Reopened or new Agent Orange claims After 9/01/10	x
x	EP 409 - Agent Orange claims where an interim decision was provided	x
<b>Pension Original Entitlement</b>		
x	EP 180 - Initial entitlement - Veteran	x
x	EP 120 - Increased entitlement and/or reconsideration	x
x	EP 190 - Initial entitlement - Survivor	
<b>Award Adjustments</b>		
	EP 310 - Future examination for disabilities	x
Note EPs 681, 687, 405, 409 were designated as Agent Orange EPs in November 2010. 681, 687 & 405 Added to MMWR on 11/01/2010 EP 409 Added to MMWR on 12/13/2010		

**Where can I find historical copies of the MMWR?**

Historical copies of the MMWR are available back to the 2004 calendar year on the MMWR website directly below the data table with the current year reports.

**What claims are in the “backlog”?**

VBA has defined the “backlog,” as rating claims pending greater than 125 days. Rating claims are considered claims for disability compensation, dependency and indemnity compensation, and Veterans’ pension benefits, including both original and supplemental claims. Rating claims generally require a disability rating decision by a Rating Veteran Service Representative.

**Where can I find the backlog numbers for my Regional Office?**

The percentage of claims backlogged at each Regional Office can be found on the Rating Bundle Aggregate worksheet. The number of claims backlogged nationwide can be found on the Transformation worksheet.

**What is the difference between Claim-Level Accuracy and Issue-Based Accuracy?**

With Issue-based Accuracy, if a claims processor rates 15 out of 16 medical issues correctly, that is a 93.7 percent rating. Using the same example with Claims-Level Accuracy, the entire claim is considered incorrect, instead of 93 percent correct.

**Why is the Issue-based accuracy “N/A” for the Pension Rating Claims?**

Pension benefits are needs-based benefit program where eligible Veterans do not file medical conditions related to military service. Therefore, Pension claim processors do not rate medical issues for each pension claim. Instead, they determine whether a claimant meets the basic medical criteria for pension benefits.

**Why are the accuracy numbers not updated every week?**

VBA’s extensive quality review program requires quality assurance specialists to manually review thousands of completed claims each month. These rigorous reviews are time-consuming and are only updated on a monthly basis.

The accuracy values in the MMWR are updated by the 4<sup>th</sup> Monday in each month.

**Why are accuracy figures no longer available on the “USA Total” row in the “Rating Bundle Measures – SOJ” tab?**

VBA measures and reports compensation and pension accuracy separately. Therefore, there is not a combined compensation and pension accuracy estimate. The accuracy measures were moved from the “USA Total” row to the “USA VSC Total” row for clarity. Past accuracy figures under “USA Total” are representative of compensation claims accuracy only.